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A GREAT CANADIAN NURSE.

On the first day of December in 1884, Miss Mary Agnes Snively, a Canadian who had graduated from the Training School for Nurses at Bellevue Hospital, entered on her duties as Superintendent of the Training School for Nurses at Toronto General Hospital, a position of honor, trust and arduous labor which she has held ever since, to the advantage of the hospital, the profession and the community.

On the first day of December, 1909, the twenty-fifth anniversary of her appointment, a great company of the Board of Governors, the Staff of the hospital, household, visiting and consulting, the citizens of Toronto, and above all, the nurses, a large representation of the five hundred and more trained under her during the last twenty-five years, assembled in the Nurses' Residence to offer congratulations and do her honor. Mr. J. W. Flavelle, President of the Board of Governors, presided, and after the reception in which Miss Snively, Mrs. Pellatt and Mrs. Findlay received the guests, Mr. Flavelle called on Dr. J. F. W. Ross, Chief of the Department of Gynaecology, Toronto General Hospital, who delivered the following address:

As one first associated with this institution as a member of the house staff thirty-one years ago, and as one who has witnessed the beneficent results of the work done by Miss Snively and those associated with her, I have been asked on behalf of the staff to say a few words. It is now twenty-five years since Miss Snively became connected with the Toronto General Hospital in an official capacity. In my time there were no trained nurses but untrained female assistants who performed their duties as best they could according to their lights, but in a very imperfect and haphazard manner. We even had our Sarah Gamp. But time and enegy were effecting a change.

Soon these buildings will be deserted ruins, then perhaps to disappear forever, but to be supplanted by a new and vigorous offspring, new in every department, young in years and young in vigor. For many a year joy and sadness, life and death, robust convalescence and incurable infirmity have passed in and out of these begrimed and ivy-covered walls in one increasing stream, and side by side with this inner life there have been those who were moulding the character of the institution and giving of the best that was in them in their greener years. The work done shed glory or cast a shadow upon similar work done in similar institutions elsewhere in the city and throughout the province. The light has been that of a glorious beacon that has guided through the gloom.

From the terrible chaos that surrounded this institution a quarter of a

century ago, the sun rose and the mists vanished. All the better and essential attributes, kindliness, helpfulness, attentiveness and thoroughness went out with the nurses trained within these walls to the sick and dying of a prosperous and growing province, aided and guided and taught by many, but trained under the supervision and direction of Miss Snively, superintendent of the training school. When we look back and review the work done, the common consensus of opinion of friend and foe alike is that it was good.

There comes a time to all of us when we must lay down the gavel and pass it on into younger and more robust hands, but it must be pleasant before that time arrives to receive from those among whom we have labored so faithfully and so long, an appreciation of our work.

MARY AGNES SNIVELY.

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For the staff I can bespeak the warmest praise for the work accomplished by Miss Snively, and express for them the hope that when the eventide of life approaches, as it will approach, and when it is found necessary to forego the strenuous life incident to such a public trust, and when it is relief to cease to trouble and to be at rest, she may be able to enjoy a well merited repose in comfort and in peace. Her name will go down to posterity as that of a splendid pioneer and will be mingled in the annals of this institution in the years that are to come.

Mrs. Pellatt, past president of the Alumnae Association of Toronto General Hospital, then read the following address:—

Miss Mary A. Snively, Superintendent Training School for Nurses, Toronto General Hospital.

Dear Madam,—The presentation of this address commemorating the twenty-fifth anniversary of your pioneer work in Canada—in the arresting of disease by intelligent nursing—is no perfunctory proceeding. We have been called here by a general impulse of the heart to express our recognition of your inestimable service in raising the training of the Canadian nurse to a standard second to none in the history of the world.

Nursing was a lamentable makeshift when you began your duties in 1884. Method in work was unknown—for example, a few months prior to your work the nurses wore uniforms with trains, while each nurse carried her knife, fork and spoon in her pocket, and also served meals and washed dishes.

From such a beginning, it was no little labor to organize a school that holds an unquestioned reputation for technical training, accuracy in detail, and intelligence in its graduates, in short you have raised nursing from a labor to a profession.

The secret of your success may be said to be your wide and liberal outlook regarding all things pertaining to nursing, and your grasping of every opportunity to keep in touch with latest methods, and with all nursing organizations. The American Association of Superintendents made you their President in 1897. The Canadian Association of Superintendents of Training Schools for Nurses and the Canadian National Association of Trained Nurses were organized by you, while at the recent International Association, in England, your work was formally recognized by a letter from His Majesty King Edward VII., in the exceptional honor permitted you of placing a wreath upon the tomb of our late Queen Victoria.

Such honors do not "come about." They are the inevitable response to the twenty-five faithful years in which you have discharged the obligations of your chosen life-work with the efficiency and insight only found in a strong personality.

Your graduates, now numbering over five hundred, and scattered throughout the countries of the world, have proved your right to be thus honored. The efficiency of your work in the early days is explained by a sentence from the late Dr. J. E. Graham's address in 1886. He said "Your methods have decreased the death rate in typhoid fever in the Toronto General Hospital seven per cent. in the last two years." And during the last month a prominent member of the medical profession, who had opportunity to observe and appreciate your work has written—"I have had the pleasure of seeing Miss Snively's work in connection with the Training School from the first year she took hold of it. No one but Miss Snively herself knows what she has had to contend with. She alone knows what her ideals were, and what she wished to make of her school. She no doubt feels that she has come far short of what she could have wished, but however much she may have fallen short of her ideal, we all know the extraordinary work she has done quietly and unostentatiously."

Rarely is it given to anyone to carry out in a lifetime, reforms of such incalculable benefit to humanity, as you have been able to accomplish in a

quarter of a century. In the history of Canadian nursing the name of Miss Snively will stand for Progress and Health. Your truest monument will be the uplifting influence you have given to the work of nursing the sick, and your most precious possession must ever be the knowledge that through this relief and comfort have been given to many sick and suffering ones throughout this pained and weary world.

Therefore on this exceptional occasion the Medical Association of Canada, the Alumnae Association of the Toronto General Hospital Training School for Nurses, and other friends, beg to have the happy privilege of expressing their appreciation to you in this address and testimonial. We congratulate you upon the success of your life's work, and wish you very many happy years, whether in or out of service, that you may enjoy seeing the work you have established carried on with an efficiency approximating your highest hopes.

Signed on behalf of the Alumnae Association of the Toronto General Hospital Training School for Nurses, and other friends.

Ada E. Findlay, President.
Lucy Bowerman Pellatt, Past President.
Janet Neilson, Secretary.
N. Hillary Aubin, Corresponding Secretary.
Marion E. Hall, Treasurer.
Mary Kennedy McPherson, Committee.
Minnie E. Christie, Committee.

Toronto, December 1st, 1909.

Mrs. McPherson then presented Miss Snively with a beautiful silver purse, enclosed in a handsome green leather art cover, the gift of the pupils and nurses of 1909-1912, and containing a cheque for one thousand dollars, the gift of the Alumnae Association and their friends, including a number of the medical profession connected with the hospital.

Miss Snively, in a few touching and heartfelt words, expressed her thanks, and her interest in and affection for her graduates.

The most dramatic moment of a memorable evening now arrived, when Mr. Flavelle made the impressive and unexpected announcement of Miss Snively's retirement, according to a wish expressed by her more than a year ago, and accepted by the Board only that day. He made the further announcement, to the great satisfaction and pleasure of the audience, not unmixed with pride, that the Board of Governors had decided to present Miss Snively with a retiring allowance of $700.00 during her lifetime. This announcement was the cause of much delight and gratification to Miss Snively's friends and fellow-workers, and was one of the chief topics of conversation during the rest of the evening. Miss Snively received many minor gifts, many flowers and many telegrams and private letters of great interest, as well as congratulations from the Alumnae Associations of the Riverside, Western and Children's Hospitals, Toronto. So ended a memorable evening for Toronto nurses.

THE SILVER ANNIVERSARY NIGHT.

What a glorious night! The sleepy moon peeped out now and then from behind a passing cloud to see that all went well. Mother Earth was wrapt in silvery starlight, and all nature slept. The Hospital! How majestic the grand old building looked as, with light shining from every window, it towered high above the surroundings great and small. Its grounds, its walks and drives, its stately trees and far stretching lawns, all added to the grandeur of time-honored institution.

Thus it appeared on the night of December the first, which marked the celebration of the twenty-fifth anniversary of Miss Snively's appointment as Lady Superintendent of the Toronto General Hospital Training School for Nurses. Out into the night came strains of sweet music. Hundreds of people from far and near, graduates from great distances, even from China and Mexico, were gathering to show their love, their gratitude, their esteem towards one who has given so much of her noble life for the good of others. In the history of the Hospital such a gathering had never been witnessed; halls, corridors and reception rooms were thronged. Many retired early in order to give place to those who came later. Flowers, ferns and palms were everywhere. For one hour and a half Miss Snively with her assistants graciously received her friends, after which Mr. Flavelle, President of the Board of Directors of the Toronto General Hospital, and chairman for the evening, read extracts from congratulatory letters and telegrams received from all parts of the world. Then followed a beautiful address from Dr. J. W. F. Ross, culled and selected from past memories, (which will be found upon another page of this magazine).

After the reading of the testimonial by our faithful ex-president, Mrs. Mill Pellatt, Mrs. McPherson, the oldest graduate present, on behalf of the graduates, undergraduates and many dear friends—professional and otherwise—made the presentation. This consisted of a purse containing one thousand dollars, a handsome silver card case and an illuminated address. A sweet child (little Marguerite McPherson, daughter of our graduate above referred to) stepped forward holding a huge bouquet of pink roses tied with the school colors. These she handed to Miss Snively as a mark of regard.

In kindly words Miss Snively, much overcome, responded. Indeed there were tears in many eyes and the hearts of those present were deeply stirred. At the conclusion of Miss Snively's response, Mr. Flavelle announced on her behalf that her resignation would take effect during the coming year. Furthermore, he announced on behalf of the Board of Directors, that they had settled upon her the sum of seven hundred dollars a year for life.

Miss Snively's tenure of office marks a wonderful era in the development of the nursing profession, and the munificent action of the Board of Directors indicates a right feeling towards those who have been public benefactors in the giving of life and service. Miss Snively, mother of the noblest work of woman, after twenty-five years of faithful work, always at her post to advise, to direct, and superintend is still with us. Noble woman, how proud we are of her, how much we owe her. With care, with skill, with love, she taught us. One could write pages but space deprives us of this privilege.

The social part of the programme was a great success, during which Miss Snively received the heartiest and earnest congratulations of all present. May all that is sweet and good in life attend her, is the sincere wish of those who love Miss Snively.

At a very late hour as we came out into the night again the sleepy moon still peeped to see that all was well.

A. E. Findlay.

A LOGGER'S HOSPITAL.

It stood at the edge of a narrow clearing that ran back some six hundred yards into the woods from the shore of Johnston's Straits, on the east coast of Vancouver Island. At our back door was just room for a clothesline and a woodstack, and then a green wall rose sheer four hundred feet; at the front, beyond the neat picket fence enclosing the tiny garden, beyond a tangle of bracken and stumps and logs, rose an opposing hillside and at its base the iron rails of the logging track ran out from the dense forest above and curved round to the steep breastwork of logs down which the gigantic "sticks" were tilted from the trucks into the "salt-chuck."

We were supposed to accommodate ten patients—four in the large ward downstairs and three each in the two smaller wards above, but that nurse has yet to be found who cannot evolve an extra bed out of her inner consciousness when the need is sufficiently pressing, and when all the camps were in full swing and accidents frequent and grisly, we have contrived to cram fourteen into our limited space by pressing the only lounge into service, doing marvellous stunts with the Morris chair, and setting up a pair of condemned camp-beds, supported chiefly by cordwood and faith. A British Columbia logging camp draws all sorts and conditions of men; a certain number of course are, must be, skilled lumbermen, but there is always plenty of work for the inexperienced man who is willing to "put his back into it"; as a result some curious specimens passed through our hands; as another result, some accidents occurred which might easily have been avoided, as witness the case of the six-foot Norwegian who stalked into our little entrance hall one evening with a rather grim and white face, and gingerly removing his coat, displayed a gaping four-inch cut a little below his right shoulder-blade; he explained tersely while the doctor cut away the soaked shirt, that a darned fool of a new hand had let his double-bitted axe fly out of his grasp while "sniping," and it had struck him; and then he stretched his mighty length face-down on the operating table, and took ten stitches without so much as a quickening of the breath. But a Spartan-like enduring of pain was an almost universal trait, coupled with a keen dislike of anaesthetics. "Go ahead, Doc. I can stand it if you can," was a customary remark. If a man was seriously injured the foreman of his camp generally accompanied him to the hospital even if it meant "tying up" the work for that day; if it was not so serious, the injured man's special chum, if he had one, would be told off to take him in. First aid to the wounded being apt to take a liquid form in most of the camps, and sympathy invariably doing

so in all of them, it sometimes happened that, although a sober and conscious logger would be more likely to swear before the Archbishop of Canterbury than before a nurse, yet the victim of too much condolence would have his native discretion so much clouded by the time he reached our hands that the washing and stitching of his cuts would be accompanied by a series of agitated asides from the embarrassed comrade, such as: "Will you shut your head, you crazy fool—the nurses ain't used to that line of talk." "Oh, cut it out, Harry;" till, as not infrequently happened, the sight of the sutures, and the bloodstained swabs, along with the general odor of disinfectants, would prove too much for the sound man, and Harry would be left to mind his own p's and q's while the guardian angel fled to the hotel for a "bracer." I have pleasant recollections of one patient in particular, an Irishman whom I will call Denny because that was not his name. He was brought in one night with a compound fracture of the leg, caused by a log striking it; he had to be put pretty well under for the setting, and his language while going under and coming out was—well, it was decidedly unprintable—"and then some." Next day when his mind was clear of both chloroform and sleep, Denny appeared as a quiet, mild-mannered, stoical fellow, very grateful though not wordily so for everything that was done for him, and possessed of a quaint, dry style of speech, harmonizing with the twinkle in his eye, that made him a decided acquisition in a ward where a simple fracture in its third week, a severe sprain—on the lounge—an infected ankle and a deadly monotonous case of muscular rheumatism were striving to kill time between meals, and not envy too much the lucky convalescents who had the freedom of the garden, and—under strict pledge of sobriety—the ferny trail leading down to the wharf, hotel, store and casual visitors from other camps. Presumably his fellow sufferers took pains to give Denny extracts from his remarks while under chloroform; a hint of bashfulness in his manner towards Miss F., the head nurse, and myself suggested the probability, and when after three or four days the doctor decided that the leg was not doing satisfactorily, and that Denny must go under chloroform again, his consternation proved it. In vain he pleaded that "he could stand for it without the dope"; the fiat had gone forth, and poor Denny sank into gloomy despair, nor was the nervousness all his, but as the leg could hardly be sacrificed to spare the nurses' ears, we presently extinguished his protests under the chloroform mask, but to our astonishment and relief he only uttered one sentence, as harmless as new milk: "If only I had curly hair what a nice boy I'd be," repeated some twenty-seven times, the monotony varied somewhat by a constant shifting of the emphasis. Later he sank into a much-needed sleep, and was still sleeping when I dealt out the teas. Carter, the rheumatism case in the next bed, drew my attention to the slumbering Denny with a mysterious wink. "He pulled it off alright, nurse."

"Pulled what off?" I asked, much puzzled.

"Why, his little speech; he's been sayin' that rot about his hair ever since daylight this mornin' in hopes he'd trot it out when the Doc. got busy with his leg. He was just about scared stiff that he'd turn loose the way he done last time."

Carter seemed to think it very funny, but I didn't; quite the contrary. I thought of Denny writhing through a sleepless, pain-racked night, done out of his breakfast by reason of the chloroform to come later, filled with dreary anticipations of impending nausea, yet concentrating all his will power in an effort to safeguard his unruly tongue when the brain should be off duty, and I thought that Raleigh, when he threw down his coat for Elizabeth to walk over, showed no greater chivalry than that rough logger. Not but what Denny himself would have been vastly astonished at such an opinion; he was the only person unaware that he was conspicuous for patience and cheerfulness where both qualities shone bright; the leg gave him many a twinge, and every night almost he had to have bromide if he was to sleep, "a dose of hop," as he called it, and there was a huge bruise under one shoulder which, despite all we could do in the way of careful padding and cunning "bird's-nests," gave him severe pain and discomfort. Yet, never a murmur—on the contrary the greatest disinclination to give trouble, however slight, that I ever saw; whenever he did ask for anything it was in a light and offhand manner peculiarly his own: "If you'd shove a piece of stove-wood under that lowest pillow, nurse, I'd be as happy as if I'd good sense," and while I readjust the pillows I reflect on the querulous whine with which some private ward patients have drawn my attention to a coverlet awry. To the ward at large he was as good as a tonic. One morning a convalescent patient rescued a newly hatched chicken from a cat near the hotel, and on a boyish impulse brought it into the ward and popped it down on Denny's bed. Simultaneously a visitor for Denny walked in and not unnaturally exclaimed: "Hello, Denny, where'd you get that?" "That," said Denny promptly, the corner of a preternaturally meek eye turned on me as I rubbed the sprain by the adjoining lounge; "that come out of the egg the nurse give me for breakfast."

Carter also contributed not a little to the joy of his comrades. He was an American, and according to his own account had travelled over most of his native country as an uninvited guest on freight trains. He had an interesting habit of talking to himself and sometimes his remarks were startling, as for instance when he announced his intention of replenishing his wardrobe from the assorted kits of his companions in misfortune, if he was lucky enough to get his "walking-papers" first. Denny eyed him with marked disfavor for awhile, and then asked me if I would kindly stack all his belongings by the head of his bed—and give him a club. "Oh, I wouldn't touch your clothes," Carter retorted sweetly, "it 'ud be just my luck to try an' sell 'em to the owner." This insult passed Denny by, apparently, but a day or two later it was his turn. He and Carter had been idly discussing various ways in which permanently crippled men might earn an honest living; peanut stands had been dismissed as too strenuous in view of the Dago oppisition; Denny was in favor of a cigar stand with soft drinks on the side, but Carter thought he had a better idea. "We'll run a boardin'-house, Denny, you an' me; there's lots of money in it."

"Who'll cook?" queried Denny's soft drawl cautiously, and I paused in my bandage-rolling to listen.

"I will."

"Where'll I eat?"

The Committee on Ways and Means dissolved abruptly after that, and Carter hid his chagrin behind the smoke of what he called a telephone cigar, graciously explaining for my benefit that a telephone cigar was the sort that was smoked in Vancouver and smelt in Seattle. He was a cheerful genius with a curious idea of humor; he took great delight in remonstrating with me every now and then on what he chose to call my extravagance in the matter of clean nightshirts on Saturday mornings. "Oh, don't give Fritz one, Nurse" (Fritz was a stolid German ex-sailor with an infected cut); "he'll not last to the middle of the week; it's a shame to waste a good clean shirt on a chap as sick as he is." Fritz would roll startled and indignant eyes from his tormentor to me and back again, until, grasping the idea that he was the victim of a joke, he would burst into a roar that shook the building, and once caused Denny to murmur that he would like to can some of that laugh and take it back to camp for rainy days.

Needless to say our patients were sometimes most funny when they least intended it. I remember one weather-beaten "timber-faller" expatiating to me on the folly of those loggers who "blew in" the result of a month's hard work in a saloon on pay-Saturday night. He got his discharge on a Saturday morning, and went down to the hotel to await his boat. Just at locking up time that night there was a knock at the door, and there stood our late patient, very flushed of face and fixed of eye, a huge cigar in one corner of his mouth, and his hat perched at an angle that would have lent an air of dissipation to a Cathedral Close if he had been seen in the vicinity. He explained to the Doctor, while Miss F. and I hastily made up the lounge once more, that his cold had got suddenly much worse, and on the advice of someone who evidently had a grudge against him, he had tried cherry brandy as a remedy, with the result that he felt tur'ble bad, and the Doctor agreed, while measuring out the usual dose of cerebral sedative, that cherry brandy was not to be trifled with. We got the repentant old chap to bed without much disturbance, but the drug was a little slow in taking effect, and we presently heard him—the ward door was just across the hall from our sitting-room door—asking several of the other men if they would kindly act as his pall-bearers next day. At first he elicited nothing but grunted advice to shut up and sleep it off, but we presently gathered that the whole ward was pressing its services on him on condition that he availed himself of them that night. The Doctor was about to go in and read the Riot Act when the cerebral sedative overtook the victim of cherry brandy in the second verse of "The Bonnie Banks of Loch Lomond," and peace settled on the troubled ward.

We were not supposed to take in women patients; there were very few women in that part of the world, and ours was pre-eminently a loggers' hospital. But one night we got word that a young half-breed woman, the wife of a timber-cruiser, had been taken ill while on her way to Vancouver in a small gasoline launch. It was very inconvenient but in common humanity there was no alternative, and by dint of a hasty shuffle and re-deal of beds

and bedding, we had an upstairs ward vacant by the time the new patient arrived. Within two hours a still newer patient, minus any previous history, arrived. I remained on duty for the rest of that night, and when breakfast-time approached and the Chinaman began clattering in the kitchen and the convalescents to move about, I began to wonder how best to face the curious looks below, finally deciding that on this occasion valor was the whole of discretion, I wrapped the small bundle up, and walked boldly into the ward, remarking: "We got in a very tiny patient last night, you see."

There was a minute's dead silence, then Denny—I might have known it—spoke: "Is it a lady or a logger, Nurse?"

I told them it was a lady, the daughter of a logger, and all the movable ones came forward for a closer look. It was two days after that that Denny got his discharge. We were sorry to lose him in one way, and as he gravely told us that he meant to work till the rains commenced and then break the other leg and come in for the winter, it was evident that he liked the hospital as much as the hospital liked him.

RENE NORCROSS.

HIGH CALORIE DIET.

Since coming to New York for my post-graduate course the most interesting feature of all has been the high calorie diet in typhoid fever. On first entering the typhoid ward I could not believe it possible that the trays of toast, eggs, milk, cream and junket were actually being taken in to typhoid patients who were running a temperature of 102 or 103. Visions of hemorrhages, perforations and kindred ills kept flitting through my head but I soon found that the patients looked bright and happy and were actually gaining weight.

At first the calorie system seemed very hard, but when I began to work out the calories it became very interesting.

The doctor leaves an order for a certain amount of calories to be given in the twenty-four hours and also for the kind of food to be given. It then falls upon the nurse to divide up these calories into equal parts that are both nourishing and appetizing.

Our patients were allowed milk, cream, milk sugar, eggs, and toast and after the first few days were given the following diet:

7 a.m., 11 a.m., 5 p.m.—Toast 66 grms., 2 slices; butter, 20 grms.; milk, ℥ vi; cream, ℥ ii; milk sugar, grms. 15; eggs, one soft boiled.

9 a.m., 4 p.m., 7 p.m., and 10, 1, 4 during night—Milk, ℥ vi; cream, ℥ ii; milk sugar, grms. 20.

3 p.m.—Custard (milk sugar), milk cream, milk sugar.

This diet was increased until during convalescence when a soft special diet was substituted.

Some of our patients took as many as 6,500 calories during the day. If the patients object to the milk sugar in their milk, we try to make it up in other ways, as for instance in high calorie milk, sugar, cocoa or lemonade.

One patient was admitted weighing 131 pounds. During the second

week he weighed 130 pounds but gained steadily and when the temperature reached normal ' hed 155 pounds.

Just recently a patient walked in at two-thirty in the afternoon and had a severe hemorrhage at four-thirty. The usual methods were ordered, i.e. Leiter coil, elevation and morphine, and in two weeks time we were feeding the patient on the above diet.

Of course, with this diet it means a great deal of work but it is so very interesting and our patients look so well that we do not mind it.

The hardest part of it all is reducing the various grams, ounces and drams to calories and in charting the various amounts. We weigh our toast and butter and measure our milk sugar and in this way can get a very good record of our calories.

IRENE A. FORDE,
Graduate Toronto Hospital for Incurables, 1909.

RECREATION FOR NURSES.*

If I were given a few moments to speak a word or two to nurses just starting their career, I would be very much inclined to urge them to have some interest in life apart from their profession. The nurse's work, like that of a doctor, is almost a continual association with abnormal conditions. Excepting the natural processes which accompany maternity cases the work of the trained nurse is largely of a sad or distressing character. She comes in contact continually with ill-health, pain, suffering, worry, anxiety, sorrow and death. In order to preserve her own mental and physical health and poise she should have recreation. She should make a special point of taking up some interest entirely apart from her work as a nurse. This will not by any means detract from her usefulness in her profession but rather the reverse. Whatever adds to her education, her culture, her experience and so develops her womanhood, will be an aid in meeting the many and varied demands which are sure to be made upon her in whatever branch of nursing she is engaged.

In these days of clubs and associations of all kinds for women and girls it is not difficult to find a place in one or more. It is an advantage to belong to a reading club, a musical club, a whist club or whatever has a special attraction for the individual taste. There is wisdom in improving an opportunity to hear a concert, a musicale, an opera, to see a good play, to spend an evening at bridge, or to take part in an occasional dance. How prone a nurse is to become absorbed in her work and lose touch altogether with what is apart from it. This is especially true of the nurse in a large institution. It has often been said that a hospital is a small world in itself. The work is exacting—it seems to grip and monopolize all the faculties and leave small desire for outside matters. The nurse in hospital may hear a faint rumor of the North Pole coming to light, or of a Budget being rejected by the House of Lords, but such events are trifles compared with the fact of a patient going to the operating room, or that there is a change of staff.

I have known nurses when off duty for an afternoon devote it entirely to

* Read before the Nova Scotia Graduate Nurses Association by Miss Elliot, Superintendent of the Sanatorium Kentville, N.S.

a discussion of hospital affairs. This is to be deplored. It would be for their own good and their country's good if they went boating, skating, or something of the kind. It is much easier for the nurse in hospital to take up some course of study or recreation than for the nurse in private practice. A graduate in hospital would probably find no difficulty in arranging with her superintendent to take one special afternoon—so that she could as a rule plan on it and have a regular engagement.

The question of recreation for the nurse in private nursing presents greater difficulties. Although she has relatively more time at her own disposal her life is so irregular it would not be easy for her to plan out anything systematic. While caring for a critical case the private nurse, like the hospital nurse, becomes oblivious to her surroundings. The fluctuations of the money market are nothing compared with the fluctuations of her patient's chart. Dynasties may fall and not a ripple would be caused, but if the pneumonia patient's temperature falls it is an event. Very often she has time for reading and is of course supposed to have a walk every day, but this is uncertain and irregular. Between her cases the private nurse requires time to replenish her wardrobe, and if she is anxious to have her cases rather closely connected she does not venture very far from the call of her telephone. In these circumstances it is difficult to find time for the cultivation of a hobby.

Nevertheless there are always opportunities if one watches for them to clutch at a little simple enjoyment as time goes on. I would not wish to place any hindrance in the way of a nurse or any other young lady, becoming familiar with what may be termed social accomplishments, but are often regarded as quite unnecessary frivolities. Few women in active life move about this world many years without realizing that it is an advantage to themselves and adds to the happiness of others if they have cultivated the more social qualities. To be familiar with current literature and to read aloud agreeably, to be willing to join in a hand of whist, to take part in a little dance, to be able to wield even with poor effect, a racket or a mallet, are small matters with an actual place in life. They do not sound like important matters or subjects that one would expect to find in a nurse's curriculum. But because we are considering the nurse, or one who spends her years for the most part in close touch with trouble, she should be encouraged, in order to preserve a happy balance, to be at times extremely frivolous, even wildly gay. Herein she promotes her own health and well-being and incidentally, I hope, adds her quota to the pure joys of life.

BEGINNING OF COBALT'S GREATEST NEED.*

On my arrival in Cobalt after a tiresome journey, during which there was no such thing as getting a cup of tea or hot water, my earthly wealth had dwindled down to about two shillings, or 50 cents. Carrying as much of my luggage as possible I wended my way down the railway track in the direction of the La Rose mine, where my brother was employed. This was on April

* Mrs. Saunders is an English graduate, trained in 1885 at the Warneford Hospital, Leamington, England. On March 23rd. 1906, she left England for Toronto, after having just recovered from a long illness, arrived in Toronto on Easter Sunday, and borrowed her fare to Cobalt, on which memorable journey but one other woman than herself was on board, all the rest being men of all sorts and conditions in life.—Ed.

17th, and my brother, after caring for me as best he could, rented me a small house which he had just had built opposite the La Rose mine, one room upstairs and one downstairs, rental $10.00 per month. Having cleaned and put the house in good shape I moved in my earthly "knick knacks" which I had brought with me and settled down in an effort to accustom myself to strange and new surroundings.

Troubles and hard work in great quantity immediately cropped up. Being unaccustomed to nursing in a mining camp, the work seemed doubly hard and rough, and to make matters worse my old enemy, rheumatism, forced me into bed for a whole week.

After getting about again, my next venture was at washing the heavy under garments worn by the miners. With no wringers available, the task of washing and wringing these dry was so very heavy as to almost dishearten and cause me to feel like giving up and declaring myself as against women engaging in such work.

Next I found myself in a new role, "the wood chopper." I had to to keep my stoves going. Talk about men braving the elements in a new country. No man ever took it more seriously than I did, but I won, and in a little while I had the outside of my domicile looking somewhat clean and pretty. The house being new, the painting of the windows came next and was shared between my youngest son and myself. By this time what little comforts and cleanliness were possible appealed to my peace of mind and I had just begun to feel a little wee bit at home.

Just a month after my arrival, to be exact, May the 18th, we had a terrific explosion of seven tons of dynamite within half a mile of the house. Being warned by Captain John Harris with others I escaped and had just been out of the house three minutes when the catastrophe occurred. The little town, all in quietness, hundreds of prospectors dreaming of the wealth that was to be theirs on the sale of their claims, little dreamt a few minutes before that such a calamity was due to overtake it, carrying destruction of homes in its wake. I escaped, doing up my hair as I ran, an old cloak thrown over my shoulders and a red cotton bag in my hand.

On the day of that long to be remembered explosion, which I try to forget when I can, I drank from a rusty tin can water from Cobalt Lake with thankfulness in my heart, even though knowing it was from Cobalt Lake. With the awful noises of the explosion over, it was found that several of the inhabitants were burned out, homes completely wrecked, my own amongst the number.

A French lady and two children were amongst the injured whom I volunteered to nurse. Bunk rooms used by the men had been placed at our disposal in caring for the injured. One little girl of twelve, who had the measles, was badly injured about the face, and one little boy was badly injured in both eyes.

Up to this time my identity as a nurse was unknown even to Dr. McLaren, who, by the way, was the first doctor I met in the camp, but I now volunteered to nurse, although homeless myself for ten days but for the kindness of the oldest mining man and one of the most estimable gentlemen in

the camp, Captain John Harris, of the La Rose mine, who generously gave up his room to myself and my boy, who was with me. From that time on rest to me was indeed very scarce.

Naturally enough my first effort was to get my little house repaired. This done, Dr. Hair called upon me and asked me to prepare my place that same evening for an operation on a patient for appendicitis at nine o'clock. These preparations and the operation were carried on during a violent thunderstorm. We worked with lamps on boxes, doing everything possible for the patient. Drs. Hair, Schmidt and Campbell were present, Dr. Hair remaining all night with the patient, who died forty-eight hours later, but might have had a chance for his life had the operation been performed months before. No help being available, I had to even wash the patient's linen. In fact, my duties were many and varied.

From this start I continued, taking in every kind of patients, sickness, accidents, explosions big and little. Sometimes I was paid, and often not. Just a month after the big explosion wherein I was warned in time to escape by Captain Harris, I was called upon to attend Captain Harris, who had met with a very severe accident through blasting, losing one eye and having a badly cut ear. I accompanied Mr. Harris to the Toronto General Hospital, and after witnessing his painful operation, returned to Cobalt, where I immediately took up a private case, and with the money earned I bought the first enamel bedstead for operations and any particularly difficult surgical work.

My next call was to Haileybury to attend Mr. W. Bagshaw, who had sustained a compound fracture of the thigh. He was sent to the Toronto General a few hours later. Typhoid had broken out in the meantime, and I prepared immediately cots with a chair between them, and as the patients came in I put in more cots. Five really bad cases was my portion at once, and between washing, scrubbing, ironing and baking for the house my lot was a busy one. Help was impossible to obtain. Having no sanitary arrangements the work was much harder than now, it being necessary to bury the excreta both night and day, which was extremely difficult in the cold winter.

My patients were now coming in very fast, and being handicapped for room added to the difficulties, taxing the brain as well as physical energy in caring for and comforting the sick. At this time I was able to secure the assistance of a graduate nurse from Toronto. It being necessary to wash the patient's clothes, Sunday was often considered a good day for washing, as we were able very often to get friends of the patients to watch for us while we washed. Again we often had the washerwoman's luck with broken lines, which generally necessitated washing them all over again. At this time I had a great many accidents from the mines, many fatal, the results of blasting accidents familiar to new mining camps filled with many inexperienced miners. (We had no deaths but bad cases first 18 months.)

For the matter of rest, we "snatched" what little we could, mostly in a hammock. Our space, figured out to the very best advantage, proved large enough for thirteen patients. In a corner, screened by sheets, we made a small private ward for a lady patient. The winter was intensely cold, a trying time for us. Boys were brought in from the mines, some very ill. Our

priests and clergymen were very kind, coming as often as possible and helping the boys in many ways.

The foregoing describes in a concise way only a few of the many trials of nursing the sick in a new country where help is difficult to obtain, unsanitary and other primitive conditions adding much to the many difficulties which are always simplified to such an appreciable extent with modern conditions.

Such a busy life of incessant effort has been mine that I have felt I have never had an hour to spare, on the contrary I can always see so much that might be done, with always a lack of help to be considered, that I feel my work is never done.

The fall of 1907 and 1908 were particularly trying times with me, with sickness to myself, trials and money difficulties coming as they do with extensions to buildings, the ever present danger of calamity through fire in a hospital full of patients. Lately, however, even with water and sanitary conditions still too primitive, matters are better, conditions are better understood. We have had numerous changes and additions to buildings. We can now accommodate 100 patients normally, although, with the tents, we have been caring for many more than this number. We are well supplied with everything necessary, beds, linen, etc. Our operating room, although small, is good. However, the many months of worries and troubles in getting matters advanced to the present state have fallen heavily upon me, and at times I have felt doubtful if there was any good to be done, even for humanity's sake, in continuing with the struggle I have had from the very commencement.

I beg to say that I have been splendidly assisted by co-workers during the recent epidemic of typhoid. The united efforts of the mine managers and men have been greatly appreciated, especially of late through the trying times we have had with fever. The Hospital Board and our staffs, Doctors McLaren, Hair, Schmidt, Taylor, Young, Bond, Munro, in and outdoor staffs, orderlies and general helpers have done grand work. The ladies of the town have my sincere thanks for their untiring efforts in assisting us whenever an opportunity was presented. Our medical men, who have always been so prompt in response, has risen to emergencies with such commendable generosity to our cause that I am deeply grateful to them. I can better appreciate their good services than describe them. I would like to say more of the needed improvements for the sick, especially our poorer classes of patients, but possibly some generous soul with more time to spare will come to the rescue with some timely suggestions.

The District work has been very well cared for. I enclose a copy of one slip we used.

Number patients treated in District the three months being:—

No. Patients.	Male.	Female	Children.	Visits.	Deaths.
		September.			
93	36	44	13	578	0
		October.			
63	20	31	12	896	2
		November to 13th.			
38	10	20	8	319	0

A. E. Saunders.

Red Cross Hospital, Cobalt, Nov. 15th, 1909.

MRS. A. E. SAUNDERS, Superintendent — R. P. ROGERS, Chairman — J. G. SHEWAN, Secretary

THE RED CROSS HOSPITAL

Address all Correspondence to the Secretary.

Cobalt.....*19*....
Canada

DISTRICT NURSE'S REQUISITION

No.....

Name of Patient

Location

Required at Once

District Nurse.

Note—This Report must be filled out and left at the Hospital with the District Nurse's Daily Report each morning

MRS. A. E. SAUNDERS, Superintendent — R. P. ROGERS, Chairman — J. G. SHEWAN, Secretary

THE RED CROSS HOSPITAL

Address all Correspondence to the Secretary.

Cobalt.....*19*....
Canada

DISTRICT NURSE'S REPORT

Patient	Visit		Nature of Sickness	Doctor	Remarks
	From	To			

District Nurse

Note—This Report to be made to Superintendent every morning for previous day's work.

THE MANY SIDEDNESS OF HOSPITAL WORK.*

The most suggestive and scientific book on crime published in this country contains an elaborate explanation of the fact that the writer is unable to define crime. The statutes of New York State are full of references to the subject of probation, but a student might read them all without finding a statement of what probation is. Doubtless we might have many profitable meetings of the American Hospital Association without addressing ourselves directly to the question of what a hospital is. What are the present actual purposes of a general hospital? In considering the chairman's kind invitation to present a paper at this conference this question insisted on recurring to me. I did not find it an easy one to answer. My general conclusion is suggested in the title of this paper, and such thoughts as occurred to me in the process are herein jotted down.

It might be suggested that the natural place to look for a statement of the purposes of a hospital would be its charter or articles of incorporation. An examination of a considerable number of these leaves us (as the Scotchman said of claret) about where we were before. In a large majority of cases we read that certain individuals "are hereby constituted a corporation," and that the object of the corporation is "to establish and maintain a hospital." The object of the hospital is not stated. In the charter granted by His Majesty George III to the New York Hospital, it is declared to be the royal will and pleasure that when the corporation shall have acquired a proper and convenient piece of ground and sufficient funds it shall erect a hospital "for the reception and relief of sick and disabled persons." The word relief was happily chosen. If it were intended originally to convey the same suggestion as is conveyed in the famous English poor law (charitable assistance), it nevertheless lends itself readily to that diversified range of beneficent activities which now characterize that and other modern hospitals. The founders of the Massachusetts General Hospital, in a letter addressed to the public by the trustees of the hospital, in 1814, declared that "the end of the institution is cure of the disease, whether bodily or mental, under which they (the patients) labor." This appears to have been thought insufficient, for in a later letter, also addressed to the public by the trustees of the hospital, they declare that "this charity is intended to alleviate and diminish the amount of human calamity generally." This certainly is sufficiently flexible to permit of adaptation to changing conditions. The Methodist Episcopal Hospital of Brooklyn, according to its formal statement, is "to care for the sick, not including contagious diseases," "without regard to color, creed or nationality," "to the glory of God and the relief of humanity." The letter of Mr. Johns Hopkins to the trustees of the hospital which he purposed to establish, contains perhaps the fullest suggestion of objects and purposes found in any documents of this character: The indigent sick of Baltimore and environs who may require surgical or medical treatment, and those who are stricken down by any casualty shall be received into the hospital. A training school for female nurses is also to be established as part of the hospital, and a

* Read before the Eleventh Annual Conference of the American Hospital Association, at Washington, D.C., September 21st, 1909.

separate provision for convalescent patients. It is also to be constantly borne in mind that the institution is to form part of the Medical School of Johns Hopkins University.

It is evident that the manifold activities and beneficencies of the modern hospital are not foreshadowed in their original declaration of purposes. It is reasonably clear that many of them were not foreseen by the founders, though in some cases the purposes were made so general and comprehensive, not to say vague, as to include, by fair interpretation, their present activities. This is as it should be. If there is nothing new under the sun, it is equally true that there is nothing old under the sun. Changes in conditions, changes in social ideals, and, above all, increased medical knowledge inevitably affect powerfully the development of hospitals. Some of the earlier lines of work took on additional emphasis, some became of less importance, and some altogether new undertakings were entered upon.

For a truer conception of what the modern hospital is we may look more profitably to the thing itself. Dismissing preconceived ideas and trying to sum up the present actual activities of general hospitals, resulting from their efforts to keep pace, in some degree, with the demands of the community, it appears that at the present time the actual objects and purposes of a general hospital have reached the perfect number of seven, and are:

1. The Care of the Sick.
2. The Cure of the Sick.
3. The Education of the Sick.
4. The Training of Nurses.
5. The Training of Physicians.
6. The Extension of Medical Knowledge.
7. The Prevention of Disease.

Each of these functions may, in my judgment, be properly considered as an established duty of a general hospital. Every question of policy, development, construction, location, organization and staff should be considered with reference to all these purposes. A determination on any one of these points which ignores any of these seven purposes is defective, and marks the entrance upon a branch road from which the step must be retraced, later on. They are not inconsistent, one with another, in any respect. They exercise a mutual restraint each upon the other, and that limitation is for the good of the patient.

Considering these purposes more in detail, it appears that:

1. The hospitals exist, for one thing, for the *care* of the sick. This purpose is a charitable one. It provides food, shelter, clothing and attention for those who otherwise would be deprived of these necessaries in whole or part. It relieves over-crowded homes and overworked homekeepers of burdens which otherwise when added to heavy routine duties would be intolerable. Hospitals have not, so far as I am aware, been afflicted by that delusion that has attacked schools for the blind and mutes, that because they are educational institutions they are not to be considered as charities. The Court of Appeals of our state has decided that the fact that an institution is educational does not mean that it may not at the same time be charitable, and

subject to the laws relating to charities. Many hospitals recognize the fact that they are charitable, as they pass the hat annually. In serving their later purposes there is sometimes a temptation to forget this underlying and fundamental one. Resident and attending physicians especially need to be reminded occasionally of the charitable origin, nature and purpose of hospitals. If none but those who are considered curable are ever admitted; and if those found to be chronic or incurable are discharged on the tick of the watch, regardless of hour, condition or destination, the first purpose of the hospital has been forgotten, and violence has been done to our principle that every administrative act should recognize all of the seven hospital purposes.

2. The hospital exists also for the *cure* of disease. It is an expensive plant, expensively operated. It is equipped to do important work. It should not be burdened permanently with work which a less expensively constructed and operated mechanism could perform equally well. Having exhausted the possibility of cure, it may properly, after an appropriate time, in a humane way, and with careful consideration of the circumstances, condition at the moment, and destination, of the chronic or incurable patient, remove him to some other charitable institution established for his special benefit. The transfer of a certain number of patients to institutions for the more or less permanent care of the bedridden is a necessary feature of the administration of the general hospital, if it is not to do violence to its second purpose—the cure of disease. Otherwise it would became a hospital for incurables; or erring on the other side, would refuse to admit to its shelter many for whom there are possibilities, but not certainty, of cure. If transfer is forbidden, admissions are sure to be too sharply scrutinized for the purpose of preventing the admission of those who may prove to be chronic or incurable.

3. Besides caring for and curing patients, each hospital, apart from any conscious purpose so to do, is constantly educating its patients in standards of living. These standards relate to the selection, preparation and serving of food; to housekeeping, particularly in its sanitary aspects; and to all sorts of ethical relations between patient and patient, patient and nurse, and patient and physician. The hospital standards may be better or they may be worse than those to which the patient has been accustomed. In the ranks of organized charity we hear much lately of standards of living and of the supreme importance of raising standards of living where they are too low. The hospitals of a great city have a unique opportunity to establish new standards of living on the part of their patients. Every patient should leave the hospital with a better understanding of what sorts of food should be purchased, how the food should be prepared and served, how dust should be removed, how ventilation should be secured, and with higher ideas as to one's duties to his fellowmen. In short, with a much more thorough training in the art of living.

That the state hospitals for the insane in New York have measurably realized this ideal may be gathered from the reports written by the husband of an Italian woman who had been a patient in one of our state hospitals for five months. He was required to report his wife's condition once a week, during the period of parole. In the first and second reports he speaks of many evidences of improvement on his wife's part since her return.

The third and final report included the following:

"It is three weeks now since I took my wife home and I must say she is doing fine. She wants me to compliment you on your table board. She misses your delicious prunes and apricots or quince, for supper, your oatmeal and hominy, I believe it is called 'cereal' by your beautiful and accomplished nurses. Then again for your Indian red corn meal and syrup or molasses. She misses your baths very much, standing up under the hose, and she learned a whole lot of housekeeping and economy that I never thought I could make her learn. She asked me not to forget to mention your famous L. I. salad, your fresh green lettuce with its new mode of dressing. I can assure you the change done her good. It reminded her of life in the country when she was a girl. So let me tell you that life in the sanitarium agreed with my wife. To tell you the truth, doctor, she seems to me like a new woman."

Not all relations and friends have written in similar vein after the return of patients from hospitals.

4. The training of nurses has become a well recognized branch of the work of general hospitals, including those under municipal and state auspices. It is a striking fact that the Charities Department of New York City, with no special legal authority except that of caring for the poor, carries on, incidental thereto, and as an economical means of caring for the poor, four very important educational institutions equipped with teachers, classes, class rooms, laboratories and a wide range of educational facilities. In this case the necessities and advantages of the situation have gone far ahead of the statute. Controversies rise occasionally, and the voice of reaction is sometimes heard, but in the main the sensible view obtains that in the care of the sick, as in other difficult work, the more thorough the training the better.

5. The training of physicians is an actual part of the work of all American hospitals, though it is less frequently openly recognized as such than is the training of nurses. The training of physicians is a necessity, not a luxury. The young lawyer must have his first clients, the young preacher his first charge, the young teacher his first class, and the young doctor his first patients. The young doctor, however, has this great advantage, that if he is fortunate he may care for his first patients under the daily supervision and direction of an older member of the profession. The cheap demagogue may declaim against the use of the hospitals for teaching purposes, but a sober view of the situation must lead anyone to the conclusion that experience as a hospital interne is a peculiarly happy method of minimizing the number of mistakes on the part of the young practitioner. A word of caution sometimes is in order. It is part of the plan that the visiting physician shall actually direct the work of the interne, not vice versa. If the visits of the visiting physician are so brief and the number of patients under his care so great that he can only take a look at the more interesting cases and observe their development, leaving the actual treatment in the hands of the interne, violence is done to the plan, and reform is in order. The training of physicians is a proper and legitimate function of the hospital, but it must be carried on

in a manner consistent with all the other purposes of the hospital, including the care and cure of the sick.

6. The hospital has also a most important function to perform in contributing to the development of medical knowledge. This is recognized very fully by some hospitals with their splendidly equipped laboratories, well qualified pathologists, and ample staff of assistants; in some slight degree in others in which facilities for pathological research are grudgingly given, laboratories are inadequate in capacity and equipment, and salaried force wanting; it is practically disregarded by still other hospitals. I need not recount the important contributions to the development of medical science which have resulted directly from hospital work, nor dwell upon the fact that only in hospitals are opportunities for many lines of research to be found. A traveller taking any one of the boats plying on the East River to-day observes a modern, fire-proof building, apparently constructed, as seems to be their habit, from the top down, at the East River and Sixty-Sixth Street. It is to be the hospital of the Rockefeller Institute for Medical Research, established simply and solely because, in order to accomplish its purpose of perfecting our knowledge of certain diseases, the agency for so doing must be, among many other things, a hospital; conclusive evidence, if evidence were needed, that it is part of the duties of every general hospital to make its contribution to the most beneficent of all sciences, the science of medicine.

7. To these six duties, the seventh is being added, as we write. A new leaven is entering the medical profession and is disturbing it at many different points. It is the recognition of the opportunity, and opportunity spells duty, of the physician to prevent disease, not simply to cure it. I need only call attention to the establishment of the new chair of preventive medicine in the medical school at Harvard, the well defined plan for a similar department at the College of Physicians and Surgeons, which was developed last year to the extent of a series of lectures of extraordinary interest, shortly to appear in book form; a similar course of lectures under the auspices of the State Department of Health at Cornell University; the world-wide movement for the prevention of tuberculosis; the adoption by charity organization societies and similar bodies of plans for the prevention of disease as one of the means of preventing poverty; the fact that the most popular articles in the most popular magazines are those dealing with preventing disease, and the movement for a National Bureau of Health. All this evidences a profound reconstruction of the place of the medical profession in the community. These changes will certainly affect not only the medical profession but also all agencies having to do with health work, including hospitals. For this reason I name as last of the functions of a general hospital one which it is not now performing to a large extent, but which it is taking up already in some degree, that of preventing disease. The methods by which this may be done are becoming fairly evident. The agency through which the hospital will perform this function will undoubtedly be its dispensary—that greatest of all wasted opportunities. If dispensaries generally have been characterized by superficial, ineffective medical work, that may be about to realize their true field in linking the hospital in its educational and preventive work with the

homes of the community. Through its dispensary the hospital comes in contact with very large numbers of people, many of whom will become candidates for its wards unless they can be given needed lessons in hygiene and sanitation, and unless these lessons be taught not once only but line upon line and precept upon precept, I look to see many patients admitted to hospitals, not to cure disease, but to ward it off. I look to see well-trained physicians and nurses going from dispensaries into the homes of patients to discover and assist in correcting the conditions which are contributing to physical breakdown. Social service need not be conditioned upon admission to a hospital. After care is but a step toward ante-care, which is much more easy, wise and economical. Notwithstanding the present prominence of agencies other than hospitals in preventive work, such as societies, committees, and public officials, I am inclined to think that one of the greatest factors in the revolutionary movement of preventive medicine will be the general hospital, operating through its dispensary. None of its six earlier functions need be dropped or slighted. A change of emphasis here and there, a slightly different point of view, some additions to the staff, and bearing in mind, in settling all questions of administration, the fact that prevention is better htan cure.

Truly, the modern hospital is a many-sided affair. Its readjustment and development call for synthetic ability of the highest order.

HOMER FOLKS,

Secretary of the State Charities Aid Association of New York.

THE NURSE AS AN OBSERVER.

(Continued from July)

In a previous paper mention was made of the necessity or desirability of appointing some one physician to teach observations, at the bedside. There should be a systematic plan adopted and a time each week set apart for this important part of nursing. To my mind, this subject is of far greater importance in a nurse's education than much time spent on tedious lectures on anatomy—a great deal of which knowledge nurses never need to use and which is promptly forgotten. In whatever line of nursing a nurse may choose to follow—institutional work, district nursing, private nursing, school nursing, tuberculosis work, etc., her usefulness will be increased by the fuller development of her powers of observing. Speaking of the value of the nurse in dispensary work and so-called social service work, Dr. Richard Cabot has said: "Through nurses who ply back and forth between the home and the clinic, the doctor is enabled to grasp his cases thoroughly, through comprehension of home conditions, and to handle them effectively through the nurse's supervision of details. The nurse is the hand through which the doctor's mind can grasp and handle his cases with success. Without the nurse he must grope and blunder like a man without hands. Everything is at arm's length and the arms are stumps." Here is a place where trained observing powers count.

A great deal of emphasis has been laid in recent years on the question of

affiliation of hospitals in nursing matters. In certain classes of institutions it seems to be valuable and indeed necessary. This is especially the case where the institution is limited to one line of work or a very few diseases. What is greatly needed at the present time, is an awakening in institutions which are well able to give more thorough training than they have done. In comparatively few hospitals are the training facilities used to the utmost or to anywhere near the extent which is possible or desirable. Classes are held periodically. The nurse is moved from place to place (or sometimes not moved for long periods) but how much she learns that is new in any one place, is very often not considered. The main point is to get the work done. True, the work must be done, and no teaching should be considered an excuse for neglect of the patient or for indifferent work. But at every turn the teaching opportunities present themselves in every hospital, and with a little effort could be utilized.

The chief responsibility for improvement in this particular rests on the superintendent of the training school. She it is who is the making or the undoing of a school. Some superintendents who have the teaching instinct and habit can teach more in two years in a twenty-five bed hospital than is really taught in three years in a hundred bed hospital. The rush of work, the burden of large numbers of acute cases all the time in the larger hospital, is often allowed to interfere with thoroughness in any one line of training.

In conducting clinical teaching for nurses the constant aim should be to utilize as they come the cases that present themselves. Patients suffering from some comparatively uncommon form of infection are often brought in, and these should be made the occasion for clinical teaching at the first suitable opportunity. A good deal that is valuable can be learned from even one case of a kind.

In one quite large hospital the method of clinical teaching followed is somewhat as follows, and there is no reason why such a method of teaching observation should not be carried out in a twenty or twenty-five bed hospital. The clinics are given throughout the year. Usually not more than six or eight nurses are present at each clinic. Step by step the important symptoms of the various common diseases are pointed out; the nurses make certain examinations under the direction of the physician and are frequently asked to criticize each others observations. Free discussion of each case is encouraged. Questions are invited regarding any special or doubtful points in which a nurse may be interested. The aim is constantly kept in mind that the objects of the nurse's clinics are to teach nurses how to observe, what to observe, and how to make practical use of the observation.

In the typhoid fever clinic specimens of feces are shown; rose spots pointed out; enlarged spleen is felt. Temperature charts are examined and changes in temperature and pulse explained. Serious complications of typhoid and their danger signals are dwelt on. The importance of prophylaxis is emphasized as well as the best means of arranging for it in various situations. The Widal test is explained.

In teaching regarding rheumatism both acute and chronic cases are shown. The bad effects of anti-rheumatic drugs are emphasized and methods

of fixation of joints and other methods for the relief of pain are demonstrated.

In teaching regarding syphilis both secondary and tertiary cases are shown. When possible, a congenital case is also exhibited. The rash, sore throat, enlarged glands, peculiarities of teeth and the importance of prophylaxis and long-continued treatment are called attention to.

In kidney disease clinics, both acute and chronic cases are shown to the class. Elementary tests for albumen and sugar follow the bedside work. The general features of each case are shown and different forms of treatment explained.

The same routine is carried out in fracture cases, sepsis, blood diseases, heart cases, surgical diseases, respiratory affections, children's diseases, gynecology, obstetrics and nervous diseases, while each year a variety of conditions or symptoms, such as jaundice, bed sores, lead line, gangrene, exophthalmic goitre, shingles, pupil reflexes, lenkemia, stigmata, varicose veins, ascites, false membrane on fauces, tape worm, etc., are encountered at intervals, and all are used as subjects for clinical teaching.

Once the superintendent of nurses and one member of the staff become ambitious to improve the teaching of observation, there is simply no end to the possibilities of securing material for demonstration in any ordinary hospital handling acute and semi-acute cases.

The main point is to get out of the rut and away from the bondage of old habits, and study how to make the most of the teaching material available.

As a means of stimulating nurses in the second and third years to pick up independently a lot of valuable knowledge that is lying all around them, round-table conferences are another excellent practical method. A sort of question box is provided and each pupil nurse is expected to bring in two or three questions about the patients she is at the time caring for. In this way it is possible to clear up many questions which while perfectly clear and simple to the experienced are puzzling to the class. Much misinformation is often thus corrected. For instance, a probationer of a few months heard the term "hysterectomy" used by the doctor in going his rounds, and naturally wondered what it was. She appealed for information to the nurse who was working with her in the ward, and was told that hysterectomy was some sort of an operation after which the patient always had hysteria. This particular patient was inclined to be hysterical, and there seemed no reason to doubt the accuracy of the information. It was long after before that nurse found that her source of information had proven unreliable in that instance. This is only one illustration out of hundreds that might be cited of misinformation—wholly wrong ideas that are picked up by young nurses who are left to pick up a good deal of what they learn in a more or less haphazard way.

We are making splendid progress in our training methods and there is no occasion for pessimism or discouragement. But many of us sadly need our conception of proportionate values in teaching straightened out. We need to put a great deal more time on practical teaching, and could profitably curtail some lines of strictly theoretical knowledge which in the past have been over-emphasized. No law that can be enacted will do much to improve training. The impetus must come from within not from without, and hospital

and training school people must stir each other up, kindly call attention to weak points, and constantly endeavor through their associations to build each other up, and do constructive work if improvement is to go on as it ought.

Better teaching in how to observe is only one point which needs strengthening in our training school work, but it is one of the most important and it can be developed and improved in every school without any special expense.

Detroit. C. A. Aikens.

THE CANADIAN NURSES' ASSOCIATION OF MONTREAL.

The annual meeting of the Canadian Nurses' Association, Montreal, was held on the first Tuesday afternoon in October, at 3.30 p.m., in the Medico Chirurgical Society's rooms. The President presided. Reports were read from the Registrar, Secretary and Treasurer. All were most encouraging, and showed marked progress for the past year. The officers for the ensuing year are as follows: President, Miss Baikie; First Vice-President, Miss Colquhoun; Second Vice-President, Miss Des Brisay; Treasurer, Miss Cooper; Recording Secretary, Miss Phillips; Corresponding Secretary, Miss G. H. Colley. Miss Dunlop, Miss Hill, Miss McBride, Miss M. Fortescue, Miss K. Brock, Miss McIntosh, Miss Campbell, Miss McBeath, Miss Beck, Miss M. Welch, Miss O. Mackay, Mrs. Petrie and Mrs. Stanley.

The usual monthly meeting of the Canadian Nurses' Association was held on Tuesday at 8 p.m., December 7th, in the Medico Chirurgical Society's rooms, the president in the chair. Three new members were voted in and five proposed for membership. Two very interesting addresses were given by the Misses Cooper and McBride on "Practical Points in Massage." These were very instructive and showed they had been prepared with much care and forethought. Also five minute talks were given by four of the delegates to the International Congress, London, Eng., and were greatly enjoyed by all present, especially those who had not the pleasure of attending the Congress and taking part in some of the festivities. After a social cup of coffee the meeting was brought to a close.

During the month of November, the branches of the Order in Quebec were visited. The Montreal branch is doing splendid work. Thirty nurses are now employed, nine districts being looked after. The class system of caring for incipient cases of tuberculosis has been in operation there for some time, and the results are most gratifying. Two of the nurses are working in the schools, under the Protestant School Board, and one in the schools, under the city. The good effects of the school nurses' work are already most apparent in a decided improvement in the attendance, cleanliness, and application of the pupils, and the influence of the nurses' visits to the homes of the children is very far reaching. The Relief Committee of the Montreal Board is doing magnificent work and the spirit which pervades the whole service of this branch is one of unselfish devotion.

The two branches in Lachine—the Hospital and the District Committee —are doing good work and the Grand' mère district, which was opened in September, has had a very active service.

An Ottawa lady on hearing of the work which is being done by Miss Macdonald, the pioneer nurse of the Lady Grey Country District Nursing Scheme, wrote to Her Excellency, expressing her great sympathy with the splendid work which is being done, and enclosing a check for $50 towards the expenses of that work. This will be used in purchasing a saddle for the nurse's horse.

Many are the opportunities for doing noble work, and women of exceptional qualifications are always needed for it: we cannot have too many.

Miss Jean Scott has gone to take charge of the Canso branch, Miss Mosher to take charge of the Baddeck branch. Miss Baikie is in charge of the Lachine General Hospital and Miss Ethel Reid of the High River Hospital.

A post-graduate course in district nursing—four months—is given at one of the three training centres of the Order, at Ottawa, Montreal, or Toronto. For full information, apply to the Chief Superintendent, 578 Somerset Street, Ottawa, to the Montreal District Superintendent, 76 Mackay Street, Montreal, or to the Toronto District Superintendent, 206 Spadina Avenue, Toronto.

Many positions requiring nurses with superior qualifications and marked executive ability are filled from the ranks of the Victorian Order nurses every year.

The Guild of Saint Barnabas

CANADIAN DISTRICT

MONTREAL—St. John Evangelist, first Tuesday, Holy Communion at M.G.H., 6.15 a.m. Second Tuesday, Guild Service or Social Meeting, 4 p.m. Third Tuesday, Guild Service at St. John's, 6.15 p.m. Last Tuesday Holy Communion at R.V.H., 6.15 p.m.

District Chaplain—Rev. Arthur French, 158 Mance Street.
District Superior—Miss Stikeman, 216 Drummond Street.

OTTAWA—The Cathedral, First Monday.
Chaplain—Rev. Canon Kitson, the Rectory.
Local Superior—Miss L. C. Wicksteed, 494 Albert Street.

TORONTO—St. James' Cathedral Rectory, last Friday, 8 p.m.
Chaplain—Rev. Canon Edward A. Welch, St. James' Cathedral Rectory.
Local Superior—Mrs. Welch.
Secretary—Miss Maud Roger, 5 Howland Ave.

A meeting of the Toronto Branch, Guild of St. Barnabas, was held on Tuesday evening, December 7th, at St. Augustine's Parish House, the attendance being very good. A beautiful and helpful address was given by the Chaplain. One nurse was admitted as an Associate. After the service the members were entertained by Mr. Plummer at the Rectory, where a very pleasant time was spent. In future the meetings of the Toronto Branch will be held in St. Augustine's Parish House, 8 Spruce Street, on the last Monday of the month, at 8 p.m.

My Scallop Shell of Quiet

GIVE me my scallop-shell of quiet,
My staff of faith to walk upon,
My scrip of joy, immortal diet,
My bottle of salvation,
My gown of glory, hope's true gage;
And thus I'll take my pilgrimage.

Blood must be my body's balmer;
No other balm will there be given:
Whilst my soul like quiet palmer
Travelleth toward the land of Heaven:
My soul will be a-dry before,
But, after, it will thirst no more.

—*Sir Walter Raleigh*

With Faithful Hearts

O Thou Who art ever the same, grant us so to pass through the coming year with faithful hearts, that we may be able in all things to please Thy loving eyes.—Amen.

Zarabic 700 A.D.

A True Faith

Almighty God, have mercy upon us, who, when troubled with the things that are past, lose faith and life and courage and hope. So have mercy upon us, and uphold us, that we, being sustained by a true faith that Thou art merciful and forgiving, may go on in the life of the future to keep Thy Commandments; to rejoice in Thy bounty, to trust in Thy mercy, and to hope in the Eternal Life. Grant unto all of us, whatsoever may betide us, to remember ever that it is all of Thy guidance, under Thy care, by Thy will; that so, in darkest days, beholding Thee we may have courage to go on, faith to endure, patience to hear, and hopefulness to hold out, even unto the end.—Amen.

George Dawson.

The Canadian Nurse

VOL. VI. TORONTO, JANUARY, 1910 No. 1

Editorial

THE CHILDREN'S HOSPITAL CHRISTMAS.

As always, so again this year, children's hospitals and children's wards everywhere have been remembered at Christmas time. The Children's Hospital at Toronto has been no exception, and we have read with interest a brief statement of its work sent to us by the hospital authorities. It is a provincial institution, and of the eleven hundred in-patients who were cared for last year, 383 came from 267 different places in Ontario. Since its foundation, the hospital has cared for more than fifteen thousand children, and more than eleven thousand were free patients. One of the last things Mr. John Ross Robertson has done is to instal a new and unsurpassed pasteurising plant which is probably destined to save many lives. Few places are better illustrations of the true Christmas spirit than are children's hospitals.

A GREAT OCCASION.

Many of our readers from the Atlantic to the Pacific will read with keen interest and affectionate sympathy of the celebration of the twenty-fifth anniversary of the appointment of Miss Mary Agnes Snively as Superintendent of the Training School for Nurses at Toronto General Hospital. Indeed, in a very important sense the interest in the account we have the honor of presenting will be world-wide, first because Miss Snively's graduates are to be found all over the world, and also because she is officially connected with the great International Council of Nurses which reaches round the world. Of what she has done for Canada and for Canadian nurses we have often spoken and time will tell of her work better than any of us can. Hard, long, faithful professional work, good in its quality and eminent in its success, has been characteristic of her career, and we add our hearty congratulations to her on the honors she has received and wish for her many happy and pleasant years. Of the wise liberality of the Board of Trustees we have spoken elsewhere, but we must here say that in doing this for their Superintendent of Nurses, they have done not a little to elevate the profession to which she belongs, and to promote the true interests of the hospital and the city. We are proud of them.

SOMETHING FOR YOU TO DO.

Mr. John Ross Robertson, who takes such a deep interest in hospitals and nurses, has asked for the second time for some missing numbers of "The Canadian Nurse." He says:

"We are very anxious to secure copies of 'The Canadian Nurse' for the following months of the year 1905—January, February, April, May, July,

August, October and November; also for the year 1906—January, February, April, May, July, August, October, and November. We have the copies bound for the years 1907 and 1908, and are waiting for the December number to complete the 1909 volume."

It will be a personal favor to the Editor and to the Editorial Board if any of our readers will comply with Mr. Robertson's request. Please make your will (every sensible person should do that anyway) and leave your file of "The Canadian Nurse" to the Hospital for Sick Children. Then just place the volumes for safe keeping in the library of the S. C. H. and the thing is done.

THE BRITISH NAVY.

It is hard to get it out of one's head that Lord Roberts, who "does not advertise," and Lord Beresford, who knows about the navy, two of the wisest army and navy men in the Empire, and not pessimists either, are anxious about the immediate future of the Empire. If a world-war happens, and it is not altogether unlikely, Canada's happiness and safety will depend upon British soldiers, and sailors too. If we are a grown-up young nation and not a baby nation, hadn't we better help to keep the roof tree up, especially when the roof, if it falls, will fall on us? Canadians want to do their share in the naval defence of the Empire.

Editorial Notes

Portugal.

The General Hospital at Oporto.—*The British Journal of Nursing* with characteristic courtesy and timeliness prints a fine illustration of this institution at the time of King Manuel's visit, and says: "It is a handsome building, the design of which is accredited to Sir Christopher Wren. It is believed that the great architect intended it for a hospital in London, where, however, it was rejected as too large. The original design was for a quadrangular building, with gardens in the centre. Oporto utilized a little more than one side of the square for the present hospital, which accommodates about 500 patients. Sir Christopher Wren must have been in advance of his time, for the hospital has large windows and doors and beautiful balconies."

India.

Lady Minto's Indian Nursing Association.—At the last meeting of the Central Committee, the Chief Lady Superintendent reported good progress. It is expected that a branch for the Province of Bengal will be established early in 1910. By the kindness of the Railway Board the Chief Lady Superintendent has been granted a railway pass (first-class) on several railway lines in India.

Australia.

Lady Dudley's Nurses.—Lady Dudley's address in Brisbane, advocating that trained nursing should be provided for the poor in the country as well as in the town, has gained the cause she advocates many friends, among

whom is Mme. Melba, who writes as follows to Lady Dudley: "I shall be glad to help you to form the nucleus of a fund for the purposes of organization, etc., and to enable you to start this scheme as soon as possible. Toward this end I propose to give a concert before leaving Australia, the proceeds to be devoted to inaugurating a country district nursing scheme which shall be formulated for the benefit of country districts in Australia."

Scotland.

The Royal National Pension Fund for Nurses.—Several meetings have lately been held at Glasgow and Edinburgh under the auspices of this fund, at which an aggregate attendance of about one thousand nurses was present.

Great Britain.

The Nurses' Missionary League.—Speaking at one of the meetings of the League recently Miss Wakefield B.A., said that "English people laid great stress on truth as a virtue, and also thought a great deal of success, and were too much inclined to overlook the beatitudes; but the salvation of society would only be attained by humility, and humility often came through humiliation. When India became Christian the Church would have much to learn from that land in the way of meekness and humility, and without these virtues it would not attain perfection."

They Do Not Dance.—It is the boast of some of the finest British regiments that they "Do not dance—but know how to fight." The Army Nurses may similarly say for themselves that they "Do not dance—but know how to nurse." Attention has recently been directed to the long established rule among British army nurses that they may not attend balls or dances of any description, except when they are on leave of absence and away from their stations.

America.

The Illinois Mining Disaster.—The trained nurse took her place well on the hospital car which went down to the mouth of the pit at Cherry, Ill., and received the twenty men who for eight days had been given up for dead. The nurses fed the rescued miners carefully with warm milk and soup before they were allowed to see even their wives and children.

The American Medical Editors' Association. — We congratulate Dr. W. A. Young, of Toronto, on the well-deserved honor which has been done him, in electing him president of the American Medical Editors' Association. Dr. Young is worthy of the honor and will fill the position with distinction. The next annual meeting is at St. Louis in 1910.

CORRESPONDENCE.

To the Editor of the Canadian Nurse:—

Dear Madam,—In an article entitled "Nursing Ethics," published in the December number of the "Canadian Nurse," there are two statements which I wish to take exception to. The first is, "When amid dirty and disgusting surroundings not a trace of your feeling shall appear in the face, but the meal be eaten as calmly as under other conditions." I wonder if the writer of the

above could control her face if she was placed as I was several years ago, in the month of September, in a log shanty sixteen by eighteen feet with six typhoid patients, two in a bed, four of them in two small rooms off the living room, which was dining-room also, with the flies more numerous than any swarm of bees, so that every dish, and every article of food one touched, were covered with flies.

On another occasion in mid-winter, in the country, the mother of my patient attended to certain necessary but not clean tasks in the farmyard, came in, washed her hands in a dirty wash dish, and poured the same water over the breakfast dishes.

I have given but two incidents. I could tell of many more if time and space would permit.

If one has a delicate stomach, it is very hard if not an absolute impossibility not to show one's feelings under such conditions.

The other statement is, "Taken as a whole, there is no class of women workers so highly paid as nurses," etc., etc.

Nurses are often on duty twenty-four hours a day, and seven days a week. There certainly is no class of women workers work the number of hours that the nurses do. We are supposed to get six hours in twenty-four for sleep and recreation, but how many do? If hypodermics are to be given every four hours there is no one to give them but the nurse, therefore four hours is the longest period she can be off duty.

When we do get our hours off we are responsible for what takes place in the sick room, so that we never get away from the anxiety of the case.

Now at $18.00 per week, which we receive here in Toronto for ordinary work, counting twenty-four hours a day, it amounts to the large sum of 10 5-7 cents per hour. If there is another class of women workers who work for that I would like to know who they are.

Stenographers receive anything from $5.00 to $20.00 per week the year round. They are in business from 9 a.m. until 5 p.m. They get Saturday afternoon, all day Sunday, all the public holidays and two weeks' holidays during the summer. They certainly are a better paid class of women workers than the nurses.

Here is an article on "The Nurse at Home," which appeared in the May number of the Dietetic and Hygienic Gazette, written by Miss B. Mordant-Wilson, which covers the ground very nicely;—

"We might have laughed
Had we not wept."

"For a moment it is to smile when one reads of the profession which is so well paid—that of nursing. I have been looking into the subject a little so that I could get at the facts. I always recognized that nurses in private practice had a strained, harassed look, which did not encourage an observer to altogether rely on the oft-repeated statement that, "Nurses are well paid."

"Since my graduation I have been in two Nurses' Registries in New York City, so have had some opportunity to study the situation, not only knowing these, but I have heard and observed something of others.

"The average nurse seems to have about two weeks' work in the month. She pays from thirteen to sixteen dollars a month for a portion of a bedroom, and her laundry is quite an item, for even when she is disengaged, anything she might do herself to keep down her laundry bill is discouraged—or forbidden.

"Well paid! Ye Gods—and to what is she sacrificed! Sharing her room with two other nurses, and meeting at every corner of the house this great overflow of nurses, who are crowded into every available corner. Who inspects the nurses' air space, who? Who cares—they come home from their charge more or less weary. They have been under a nervous strain and they come home (did I say home?) to a small closed folding-bed, not to be opened during the day, and may sit round and listen to the troubles of the visitors, to the other room-mates, who troop in and out at will. You may smell the various dishes that have been cooked in the general kitchen for the last month or amuse yourself by distinguishing the variety of foods being cooked at the moment on the stove. The management does not mean to be unkind to anyone; they have to make their living, and it seems to be the custom everywhere for nurses to be herded into every corner of any building that is opened by private enterprise for their accommodation. There are usually one or two small rooms that are almost impossible of attainment. I am the lucky possessor of one; it is six feet by nine—the ceiling is high, so I have by actual measurement 486 cubic feet of air space (babies in institutions are now given one thousand cubic feet of air space). How thankful I am to have this room; my career would be quite impossible for me were I forced—like Ishmael—to 'live in the midst of all my brethren.'

"On a case one effaces oneself; likes and dislikes are placed to one side, and every effort is made to make the patient comfortable; to agree with her views; consider her whims; and accept any accommodation for oneself that may offer. But off a case—I speak not of myself, my little room is my castle—the forlornness of a nurse's life is truly tragic. I am not speaking of exceptional women, but of the great army of everyday, moderately well educated, up-to-date nurses, who are sweet-natured, kindly, very human women. They have nothing, nothing, nothing for all their years of preparation but health-breaking work, and the corner of a large rooming-house for a bed—at night. (It has to be put out of the way in the daytime.)

"Well paid! They give their youth, they give their sweet gentleness and tenderness, they give their knowledge—they give of all their best—and they receive (could I ever have said it was to smile) a bare existence, so bare and cold that I know of no other life comparable to it."

"The toad beneath the harrow knows
Exactly where each tooth-point goes.
The butterfly upon the road,
Preaches contentment to that toad."

Toronto, Dec. 18th, 1909. Carrie DeVellin.

Official Department

Queen Alexandra's Imperial Military Nursing Service.

The Canadian Permanent Army Medical Service (Nursing Branch).

The Canadian Society of Superintendents of Training Schools for Nurses.—President, Miss Brent, Superintendent Hospital for Sick Children, Toronto; Secretary, Mrs. House, Superintendent City Hospital, Hamilton.

The Canadian National Association of Trained Nurses.—President, Miss Snively, Toronto General Hospital; Sec.-Treas., Miss Shaw, General Hospital, Montreal.

The Association of Hospital Superintendents of Canada.—President, Mr. H. E. Webster, secretary Royal Victoria Hospital, Montreal; Secretary, Dr. J. N. E. Brown, Medical Supt. General Hospital, Toronto.

The Canadian Nurses' Association.—President, Miss Baikie, 25 Lorne Ave., Montreal; Cor. Secretary, Miss Colley, 133 Hutchison Street, Montreal.

The Manitoba Association of Graduate Nurses.—President, Mrs. Bruce Hill; Secretary, Miss Isabel Gauld, 375 Langside St.

The Nova Scotia Graduate Nurses' Association.—President, Miss Pemberton, "Restholm," Halifax; Secretary, Miss Kirke, Supt. Victoria General Hospital, Halifax.

The Graduate Nurses' Association of Ontario.—President, Mrs. Currie, 175 College St.; Cor. Secretary, Miss Edith Hargrave, 146 Winchester St.

The Victorian Order of Nurses.—Miss Mackenzie, Chief Superintendent, 578 Somerset St., Ottawa.

The Guild of St. Barnabas for Nurses.

The Brockville Graduate Nurses' Association.—President, Miss Margaret Carson; Sec.-Treas., Mrs. V. A. Lott.

The Collingwood G. and M. Hospital Alumnae Association.—President, Miss G. Morrison; Secretary, Miss J. E. Carr.

The Calgary Graduate Nurses' Association.—President, Miss Dewar, 824 4th Ave. West; Secretary, Miss Rutherford, 506 4th St. West.

The Edmonton Graduate Nurses' Association.—President, Miss Mitchell, Supt. Isolation Hospital; Secretary, Mrs. Manson, 630 Sixth St., Edmonton.

The Ottawa Graduate Nurses' Association.—President, Mrs. H. C. Church, 81 First Avenue, Ottawa; Secretary, Miss Nellie E. Slack, 189 Metcalfe St., Ottawa.

The Fergus Royal Alexandra Hospital Alumnae Association.—President, Miss Pauline Martignoni, Supt. of Nurses, Royal Alexandra Hospital; Sec.-Treas., Miss Trout, Harriston.

The Galt General Hospital Alumnae Assosciation.—President, Mrs. Wardlaw; Secretary, Miss Adair.

The Guelph General Hospital Alumnae Association.—President, Mrs. A. Anderson; Cor. Secy., Miss J. E. Anderson.

The Hamilton City Hospital Alumnae Association.—President, Miss Coleman; Cor. Secy., Miss Aitken.

The London Victoria Hospital Alumnae Association.—President, Miss Hannah; Secretary, Miss Gertrude Armstrong, care Mrs. Judge, Dorchester.

The Kingston General Hospital Alumnae Association.—President, Mrs. Tilley, 228 Johnston St., Kingston; Secy.-Treas., Mrs. Nicol.

The Montreal General Hospital Alumnae Association.—President, Mrs. K. H. Brock; Cor. Secy., Miss Ethel Brown.

The Montreal Royal Victoria Hospital Alumnae Association.—President, Miss Grant; Secretary, Mrs. Edward Roberts, 135 Colonial Ave., Montreal.

The Ottawa Lady Stanley Institute Alumnae Association.—President, Mrs. C. T. Ballantyne; Secy.-Treas., Miss M. K. Gallaher.

The St. Catharines G. and M. Hospital Alumnae Association.—Secretary, Miss E. M. Elliott.

The Toronto Central Registry of Graduate Nurses.—Registrar, Mrs. Downey, 554 College St.

The Toronto General Hospital Alumnae Association.—President, Miss Bowerman, 349 Sherbourne St.; Cor. Secy., Miss Ida L. Burkholder, 728 Spadina Ave.

The Toronto Grace Hospital Alumnae Association.—President, Mrs. Macquoid; Secretary, Miss Smith, 9 Pembroke St.

The Toronto Graduate Nurses' Club.—President, Miss Bowerman, 349 Sherbourne St.; Secretary, Miss Minnie Christie, 19 Classic Ave.

The Toronto Hospital for Sick Children Alumnae Association.—President, Miss Barnard, 608 Church St.; Cor. Secy., Miss B. Goodhall, 666 Euclid Avenue.

The Toronto Riverdale Isolation Hospital Alumnae Association.—President, Miss Mathieson, Supt. Riverdale Isolation Hospital; Secretary, Miss Muriel Gale, Riverdale Isolation Hospital.

The Toronto St. Michael's Hospital Alumnae Association.—President, Miss Power, 9 Pembroke St.; Secretary, Miss O'Mara, 9 Pembroke St.

The Toronto Western Hospital Alumnae Association.—President, Mrs. McConnell; Cor. Secy., Miss Butchart, 19 Oxford St.

The Winnipeg General Hospital Alumnae Association.—President, Miss Johns, Winnipeg General Hospital; Secy.-Treas., Miss Hood, 367 Langside Street.

The Vancouver Graduate Nurses' Association.—President, Mrs. W. F. Salsbury, 1340 Barnaby St.; Secretary, Miss Ruth Judge, General Hospital, Vancouver.

The Vancouver General Hospital Alumnae Association.—President, Miss Roycroft, 1036 Haro Street, Vancouver; Secretary, Miss Jessie Hart, 2240 Westminster Ave., Vancouver, B.C.

The Victoria Graduate Nurses' Association.—President, Miss Keast, Carberry Gardens; Secretary, Miss Ethel Morrison, 1442 Elford St., Victoria.

ALUMNAE ASSOCIATION, TORONTO GENERAL HOSPITAL.

President—Mrs. Findlay.
First Vice-President—Miss Ellis.
Second Vice-President—Miss Tweedie.
Recording Secretary—Miss Neilson.
Corresponding Secretary—Mrs. Aubin.
Treasurer—Marion E. Hall, 18 Earl St.
Board of Directors—A. J. Scott, Grace Hospital; M. Tweedie, 53 Langley Ave.; Edith Hargraves, 146 Winchester St.
Conveners of Committees:
Sick Visiting—Miss Kilgour.
Registration—M. E. Christie, 19 Classic Ave.
Programme—Mrs. Pellatt.
Social and Lookout—Miss Brereton.
Press and Publication—Mrs. Feeney.
Central Registry—Miss Kate Snodgrass, 644 Spadina Ave.; H. Fralick, 728 Spadina Ave.
Canadian Nurse Representative—Miss Lennox, 107 Bedford Road.

THE ALUMNAE ASSOCIATION OF THE HOSPITAL FOR SICK CHILDREN TRAINING SCHOOL FOR NURSES, TORONTO.

Hon. President—Miss Brent.
President—Miss M. L. Barnard, 608 Church St.
First Vice-President—Miss M. Ewing, 569 Bathurst St.
Second Vice-President—Miss A. Robertson, 182 Walmer Road.
Recording Secretary—Miss Monk, 668 Ontario St.
Corresponding Secretary—Miss B. Goodall, 660 Euclid Ave.
Treasurer—Miss M. Wilson, 47 Brunswick Ave.
Directors—Miss E. Jamieson, 107 Roxborough St. West; Miss M. Haley; Mrs. Thomas, 64 Binscarth Road.
Convener of General Business Committee—Miss J. Hamilton, 262 Jarvis Street.
Press Representative—Mrs. Clutterbuck, Grace St.
Canadian Nurse—Miss L. McCuaig, 605 Ontario St.
Invalid Cookery—Miss M. Gray, 505 Sherbourne St.
Central Registry—Miss L. Barnard, 608 Church St.; Miss Fellows, 56 Madison Ave.
Sick Visiting Committee—Miss J. Hamilton; Miss M. Ewing; Miss M. Isaac, 45 Alexander St.

Meetings are held in the Nurses' Residence on the second Thursday in each month, and will the nurses kindly remember that the little Invalid Cook Book might make an acceptable Christmas present for some of their friends?

THE ALUMNAE ASSOCIATION OF THE COLLINGWOOD GENERAL AND MARINE HOSPITAL TRAINING SCHOOL FOR NURSES.

Officers for 1908-09: Hon. President, Miss Morton; President, Miss G. Morrison; First Vice-President, Miss P. J. Cottrill; Second Vice-President, Miss Ella Baker; Secretary, Miss J. E. Carr; Assistant-Secretary, Miss E. M. Dawson; Treasurer, Miss M. M. Redmond.

Sick Visiting Committee: Miss Moore, Miss Robinson, Miss G. Morton, Miss Klinck.

The meetings are held on the last Thursday of the month at 3 p.m. in the board room of the hospital.

THE GRADUATE NURSES' ASSOCIATION OF ONTARIO.

Officers 1909-10.

President—Mrs. Currie.

First Vice-President—Miss E. Deyman, Hamilton.

Second Vice-President—Miss H. Hollingworth, St. Catharines.

Treasurer—Miss Mary Gray.

Recording Secretary—Miss Julia Stewart.

Corresponding Secretary—Miss Edith Hargrave.

Board of Directors—Miss Brent, Miss Matheson, Miss Potts, Miss Muldrew, Miss Barnard, Miss Neilson, Miss McNeill, Miss Jameson, Miss Wardell, Miss Donnelly, Miss Rogers, Miss Kennedy, Miss Irvine.

GRACE HOSPITAL ALUMNAE ASSOCIATION.

President—Miss DeVellin.

First Vice-President—Miss McKeown.

Second Vice-President—Miss McMillan.

Secretary—Miss Allen.

Treasurer—Miss Wixon (by acclamation).

Board of Directors—Miss Carnochan, Miss Monery, Miss Soane, Miss Etta MacPherson and Miss Thompson.

Social Committee—Miss Shatford, Mrs. Corrigan and Miss Webster.

Sick Committee—Misses Irvine and Gibson.

Convener of Programme Committee—Miss McMillan.

Convener of Press and Publicity Committee—Miss Bell.

ARMY MEDICAL SERVICES.—G. O. 114.

Army Medical Corps.

To be Nursing Sisters: Miss Bessie Ann Hatch; 19th August, 1909. Miss Louise Brock; 2nd September, 1909.

By command,

F. L. LESSARD,

Colonel, Adjutant General.

NURSING SISTERS IN THE ARMY MEDICAL SERVICE.

There came into the office this month a book in military red, "The Quarterly Militia List of the Dominion of Canada." On page 260 we found a complete list of the 25 nursing sisters. The first figure gives the number of the military district, and the last the date of appointment. The districts are numbered as follows: 1, Guelph; 2, Toronto; 3, Kingston; 4, Guelph; 5, Montreal; 6, Sherbrooke; 7, Quebec; 8, St. John; 9, Kentville; 10, Winnipeg; 11, Halifax.

The stars before the first six names signify that the sister has seen active service:

11—	*Affleck, Miss Mary	Aug. 01
—	*Russell, Miss Elizabeth	Aug. 01
—	*Richardson, Miss M. P.	Aug. 01
5—	*Fortescue, Miss F. Eleanor	Aug. 01
4—	*Smith, Miss Margaret	Feb. 02
2—	*Scott, Miss Amy W.	Feb. 02
6—	Stewart, Miss Irene	Feb. 04
4—	Pepper, Miss Alice	July 04
7—	Pentland, Miss Ruth Evangeline	May 06
4—	Foran, Miss Maie Florence	Feb. 07
2—	Richards, Miss Sarah Carlyle	April 07
4—	Gallagher, Miss Maude Elder	June 07
3—	Pense, Miss Emma Florence	July 07
3—	Godwin, Miss Alice Maud	Nov. 07
4—	Russel, Miss Mima	Dec. 07
3—	Culcheth, Miss Edith Elizabeth	Jan. 08
9—	Wagstaff, Miss Edith	Jan. 08
9—	Eaton, Miss Laura Elizabeth	Sept. 08
8—	Williams, Miss Margaret Gertrude	Oct. 08
8—	Craibe, Miss Elizabeth	Nov. 08
9—	Fraser, Miss Margaret Majorie	Jan. 09
4—	MacIntyre, Miss Isabel Catherine	Jan. 09
8—	Wilson, Miss Nella Myrtle	Feb. 09
4—	Pugh, Miss Murney May	July 09
5—	Parker, Miss Maria Louisa	Aug. 09

Vapor Therapy

The avoidance of drugs if desired or compatible with any drug.

Whooping Cough

Vapo Cresolene immediately palliates the attendant paroxysms, inhibits injurious sequelae and with attention to a strengthening diet brings the case to an early termination. Used for twenty-five years with marked success in this disease.

Measles and Scarlet Fever

Alleviates inflammation of the bronchi and prevents bronchical complications.

Diphtheria

Authoritative tests show the vapor to be destructive to diphtheria bacilli. Vaporized Cresolene is prophylactic and adds to the probability of successful treatment.

Pneumonia and Bronchitis

Used where it is desired to reduce dyspnea and irritating cough, adding greatly to the comfort of the patient.

Asthma

Cuts short the attack and insures comfortable repose. Your druggist stocks it.

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Hospitals and Nurses

On the evening of November 30th, the visiting staff and nurses of the General Hospital, St. John's, Newfoundland, met in the nurses' sitting room to say good-bye to their superintendent, who was retiring after holding office for twenty-one years, during which he gained for himself the love and respect of all connected with him. Dr. Rendell, on behalf of the medical and nursing staff, presented him with an address and a beautifully engraved gold watch.

Dr. Rendell spoke of the happy relationship that had always existed between the superintendent and his staff of workers and compared the hospital of twenty-one years ago when Dr. Shea was appointed superintendent with the hospital of to-day. It was then about one-third the size and the operations were few in number. The nursing was very different in those days, as was the character of surgery. Some of those present, who had since learned to follow in his footsteps, could look back to the time when abdominal surgery was looked upon as madness, and to Dr. Shea belongs the credit of having performed the first abdominal operation in Newfoundland. After thirty-one years' work in connection with the hospital, ten years as visiting physician, twenty-one as superintendent, he is retiring while still active and energetic, belying his more than three-score years and ten. Untiring in his watchfulness and care for the patients, always ready to respond to the call of suffering, his duty was his pleasure and nothing was ever allowed to interfere with it.

Dr. Shea thanked the staff for their kindness but under the circumstances said he could not say more than "thank you," as saying good-bye was a very trying ordeal to him.

Following the presentation to Dr. Shea, Miss Southcott, on behalf of the matron and nurses, expressed the regret felt by all that Dr. Rendell was retiring with Dr. Shea. Dr. Rendell has been connected with the hospital for nearly twenty years as visiting physician and has taken a great interest in the training school and the welfare of the nursing staff. They asked him to accept from them a clock that he too might sometimes think of them as he looked at the hour. Dr. Rendell thanked the nurses for their gift and expressed a hope that they would do them credit in the future as they had done in the past. The evening closed with the singing of "Auld Lang Syne."

A hospital has been opened at High River, Alberta, in affiliation with the Victorian Order.

By the will of the late Mrs. Margaret Lumsden, a bequest of $1,000 has been made to the Lady Minto Cottage Hospital Fund.

The Local Council of Women of Edmonton, at their October meeting, passed a resolution to assist in the support of a Victorian Order nurse for country districts, and a committee was appointed to deal with the matter. This nurse will most likely be placed near Innisfail, Alberta. And the Daughters of the Empire of Battleford Sask., have written the head office of the Order, in Ottawa, inquiring about a country nurse, with a view to establishing one near that town.

The Executive Committee of the Canadian Nurses' Association of Montreal announce the following course of lectures for 1910: January—Dr. H. D. Hamilton, Diseases of the Nose and Throat; February—Dr. Shirres, Care of

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the Nervous; March—Dr. F. D. Gilday, Correction of Deformities; April—Dr. Russell, Infantile and other forms of Paralysis; May—Miss Derrick, Heredity and Environment. The lectures will be given in the Medico-Chirurgical Rooms, 112 Mansfield Street. The meeting will be called to order at 7.30 p.m.

Miss Grace E. B. Nourse, who for four and a half years was the highly efficient head nurse of the Galt Hospital, has, owing to her father's illness, been obliged to resign, and is now at her home in Sherbrooke, Que.

Miss M. Josephine Lundy, a graduate of the T. G. H., has been appointed head nurse of the Galt Hospital, and entered upon her new duties on the first of December.

Miss Mary Brighty and Miss Charlotte Wettlaufer are recent graduates of Galt Hospital.

The first meeting of the State Board of Registration of Nurses for Michigan was held in Lansing Michigan, on December 10th, and Miss Elizabeth G. Flaws (T. G. H.) of Grand Rapids, was elected president of the Board. The vice-president is Mrs. Elizabeth Tacey, Detroit, and the secretary, Dr. F. W. Shumway, Lansing.

The regular monthly meeting of the Alumnae Association of the Hospital for Sick Children, Toronto, was held on Thursday, December 9th. There was a fair attendance. The principal business taken up was the discussion on the revised constitution, especially the constitution of the Sick Benefit Association, which was passed with a few amendments. The sale of work in aid of the Sick Benefit Fund netted $80.00. It is regrettable that the new members do not attend meetings or acknowledge in any way their having been accepted. The meeting adjourned at 4.30 to partake of afternoon tea.

The Publishing Committee of the Hospital for Sick Children Alumnae Association regret if there are any errors as to addresses in the annual report; would be pleased to receive correct ones; also the omission of Miss L. Rogers' name, especially as she is a life member.

Miss J. Grey (H. S. C.) has quite recovered after her illness.

Miss Stella Fellows is greatly improved, although still unable for duty.

Mrs. A. McGarvey has gone to Bank Head, Alberta.

Miss Clarke has returned to the city.

The regular monthly meeting of the Alumnae Association of the Toronto General Hospital was held in the lecture room on Friday, December 3rd, 1909, at 3 p.m. The president was in the chair. The hour was devoted entirely to business and several important matters were discussed. Mrs. Archibald M. Huestis is expected to address the next meeting on "Medical Inspection of Schools." All nurses and friends who are interested will be most welcome on January 7th, 1910, at 3 p.m. in the lecture room of Toronto General Hospital.

THE GRADUATE NURSES' ASSOCIATION OF ONTARIO.

The Executive Committee of the G. N. A. O. met on Friday, December 10th, at 8 p.m., at the Residence, Hospital for Sick Children. In the unavoidable absence of the President, Mrs. Currie, Miss Brent was appointed to the chair. There were present Misses Mathieson, Kennedy, Wardell, Neilson,

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McNeill, Donnelly, Barnard, Jamieson, Deyman and Stewart. The members were much pleased to have Miss Deyman, who is First Vice-President, present at the meeting, even for the short time she was able to stay.

MissWardell was appointed convener of the Committee on Legislation, and Miss Kennedy convener of the Committee on Revision of Constitution and By-Laws, those formerly appointed not wishing to act.

Miss Hargrave, Corresponding Secretary, having left Toronto for the present, it became necessary to appoint someone in her place for the balance of the year. The Committee, especially those who were members of last year's Executive, were most anxious to have Miss E. Ross Greene again act in that capacity, as the efficiency and cheerfulness with which she performed her duties have not been forgotten by them. The Secretary was therefore instructed to communicate with Miss Greene and try to secure her services, and the Secretary takes this opportunity of announcing that Miss Greene has most kindly consented to fill the position for the balance of the year.

The Treasurer, Miss Gray, not being able to be present, sent her financial statement, showing $234.00 in the bank. Miss Gray desired to know the wish of the Committee re unpaid fees, and it was unanimously agreed that the names of all those in arrears for over a year be dropped from the roll.

A letter was read from the Public Health Committee of the Local Council of Women, asking the co-operation of this organization in securing medical inspection of the public schools in Toronto. The Executive is unanimously in favor of this important measure, and the Secretary was instructed to write the convener of the Public Health Committee and assure her of our co-operation.

Miss Deyman, who is school nurse in Hamilton, said a few words in regard to her work there, and of the great benefit it had been to that city to have medical inspection of the schools.

It was decided to have the meetings of the Executive henceforth on the last Friday in the month. Arrangements for the annual meeting were then discussed. Miss Brent stated that the Canadian Society of Superintendents of Training Schools will hold their annual meeting at the same time, so that it is probable that the G. N. A. O. meeting will be on Monday, May 23rd, while the Superintendents' meetings will be the two following days and in this way it is hoped that both meetings will benefit both in attendance and interest. The meeting was then adjourned until the last Friday in January.

N.B.—Application forms for membership in the G. N. A. O. may be obtained from the Recording Secretary, Miss Julia Stewart, 12 Selby Street, Toronto.

The Nurses' Library

The first number of "The Delineator" for the New Year cannot fail to be of interest to the nurse. She may turn first of all to "The Dangers of Institutional Life," by R. R. Reeder, Ph.D. Few people are better qualified to judge of such an article than the nurse. Or she may look for Kipling's story, or find out "What's the Matter with the Churches," or study the suffrage question from an American point of view.

"Medical Inspection of Schools." By A. H. Hogarth, M.B., B.Ch., Oxon, D.P.H. London: Henry Frowde. London: Hodder & Stoughton. Toronto: The Oxford University Press. No School Nurse can afford to be without this admirable work. It tells her what to do. It is a valuable book for all interested. It is by far the most useful and practical and on the whole the

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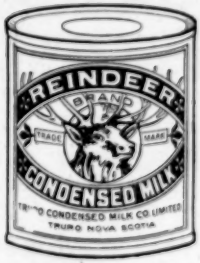

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best work that we have seen. One of its best qualities is the judgment with which material has been gathered (and rejected) and the good sense of the advice and guidance given in it. The author has had an experience second to none to fit him for this work. The book is dedicated to "Dr. James Kerr, the First School Doctor," a dedication that gives one confidence at the outset. As Dr. Hogarth says: "Medical inspection of schools forms an integral factor in every modern system of education, and its expediency may be assumed from its successful administration in other countries. The interference of the State is justified by the preventible and remediable defects among school children." But it is the practical part of the book that everybody will like and appreciate.

"Materia Medica for Nurses." By J. E. Groff, Ph.G., Prof. of Materia Medica in the Rhode Island College of Pharmacy. Fifth edition. $1.25. Philadelphia: P. Blakiston's Son & Co. This new edition, which has been prepared with the assistance of Miss Ayers of the Rhode Island Hospital, and Dr. Pitts, is evidently a useful and well-prepared work. We confess to a preference to books for nurses by nurses, but we are glad to acknowledge the courtesy of the publishers, and draw the attention of our readers to this book.

"Clinical Studies for Nurses: For Second and Third Year Pupil Nurses." By Charlotte A. Aikens, formerly Superintendent of Columbia Hospital, Pittsburg, and of Iowa Methodist Hospital, Des Moines. 12mo. of 510 pages, illustrated. 1909. $2.00. W. B. Saunders Company, Philadelphia and London. Canadan agents, the J. F. Hartz Co., Toronto. Our readers need no introduction to the author of this book, and we sincerely welcome the appearance of this excellent work on nursing. It is the second volume of the series in which "Primary Studies for Nurses" was the first, and is a handsome volume, worthy in every way of a place in a nurse's library, where it will be often referred to, because it is so helpful and up-to-date. There are five sections: (1) Medical; (2) Obstetrics, Gynaecology and Diseases of Children; (3) Surgical; (4) Massage, Nervous and Mental Diseases; (5) Six Hundred Review Questions. We cordially recommend it to our readers and congratulate the author upon her success in preparing such a fine work on nursing.

The Charities Publication Committee, 105 East 22nd St., New York, has published another good book and one of special interest to nurses. Here is another book which we must all read. The price is $1.25, and it would be a good New Year's gift. The book is "Visiting Nursing in the United States," and the author is Miss Yssabella Waters of the Nurses' Settlement at Henry Street, New York. Miss Waters is a great worker and deals in a very interesting manner with her important subject. There are now nearly fifteen hundred Visiting Nurses in the United States.

"The Morphia Habit and Its Voluntary Renunciation." Edited with notes and additional cases by Oscar Jennings, M.D. London: Bailliere, Tindall & Cox, 8 Henrietta St. 7s 6d. Dr. Jennings has given us an account written by a morphia victim, of the victory over this terrible habit after twenty-five years slavery. It is a wonderful result. It is told in an interesting and convincing manner, and nurses' libraries should have it on the

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shelves. It would be a great help to the nurse engaged in such a case, and most of us have them some day.

"Dietetics for Nurses." By Julius Friedenwald, M.D., professor of diseases of the stomach in the College of Physicians and Surgeons, Baltimore; and John Ruhrah, M.D., professor of diseases of children in the College of Physicians and Surgeons, Baltimore. Philadelphia and London: W. B. Saunders Company, 1909. $1.50. Canadian agents, the J. F. Hartz Company, Limited, Toronto. We have pleasure in again recommending this book to our readers. The fact that a second edition is already called for speaks well for it.

The report of the North India School of Medicine for Christian Women at Ludhiana, India, is an attractive illustrated pamphlet, from which we learn that no less than 1225 in-patients were admitted in the year and nearly 60,000 out-patients came to the hospital. At least two Canadians, Dr. Norris-Patterson and Miss Sinclair (T. G. H.), are on the staff and many of us are interested in the hospital and school for this and other reasons.

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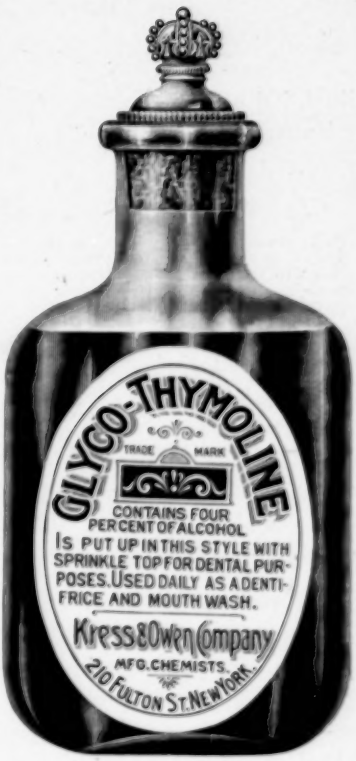
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